## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼	
Senate Majority PAC	C C00484642
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends	report filed on
Full Name of Payee SKDKnickerbocker	Date of Public Distribution/Dissemination
	06 22 2016
Mailing Address 1150 18th St NW	Amount
Ste 800 City State Zip Code	16879.01
Washington DC 20036-3845	Transaction ID: VN7GBA1EVS8 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate  Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Suppor	rt Office Sought: House District:
Margaret Hassan Opposi	e President X Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 3359288.89	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Sint Zip Gode	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	
Name of Federal Candidate Suppo	rt Office Sought: House District:
Oppos	e President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
	Carer (epocary)
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 16879.01
(b) SUBTOTAL of Unitemized Independent Expenditures	······ <b>&gt;</b>
(c) TOTAL Independent Expenditures	16879.01
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	Date 06 24 2016
Signature	